NEVADA DEPARTMENT OF EDUCATION

Model Form to Assist Parents in Filing a Due Process Request¹

Name Address Telephone Number Date

Superintendent of Schools School District Address
Dear(Name of Superintendent of Schools) :
The purpose of this letter is to request an impartial due process hearing for <u>(name of child)</u> , born on <u>(birth date)</u> , enrolled at <u>(name of school)</u> , who currently resides at <u>(address)</u> . ² I am/We are requesting this hearing in order to resolve the issue(s) of the <u>(identification/evaluation/placement/Free Appropriate Public Education)</u> of my/our child.
The specific reasons for this request are as follows:
(Parent(s): State the nature of the problem relating to the proposed initiation or change in the identification, evaluation, or educational placement of your child, or the provision of a free appropriate public education to your child)
Facts that support this request include: (Parent(s): Describe the facts related to the problem, including when the problem occurred.)

¹ Even if you do not use this model form, the Individuals with Disabilities Education Act requires you or your attorney to file a notice that meets certain requirements in order to have a hearing. (See the statement of your rights for additional information.) If the school district is the requesting party, the district must also file the required notice.

² If you and your child are homeless, just include available contact information and the name of the school

your child is attending.

Our	proposed	l resolution	of this	disagreement	is:

(Parent(s): To the extent you can at the present time, please propose a resolution of the problem.)

In order for us to prepare for this hearing, would you please provide us with the following information:

- a. The procedure to follow in order to examine and copy my/our child's educational records.
- b. A list of the agencies where I/we can obtain free or inexpensive legal assistance and other relevant services in the area.

Check either, if appropriate:

- a. ___In addition, I understand if this is my/our first request for a hearing, I will receive a statement of my/our rights under the provisions of the Individuals with Disabilities Education Act and Nevada state law and regulations.
- b. ____ Although this is not my/our first request for a hearing, I am requesting another copy of a statement of my/our rights under the provisions of the Individuals with Disabilities Education Act and Nevada state law and regulations.

Sincerely,

(Parent(s)/Guardian(s) Signature)

[At your discretion, send a carbon or Xerox copy of this letter to individuals who have substantial interest in this dispute. For example, you may wish to send copies to the local principal and to anyone you have engaged to represent you, such as an attorney or a member of a parent advisory group.]

Cc. Nevada Department of Education